[illegible]

[illegible] has rendered [illegible] a person who was injured on the [illegible] 14th

day of [illegible] 19[illegible], in [illegible] County of

[illegible] State of Washington [illegible] and the said

[illegible] Hospital [illegible] hereby claims a lien upon any money due or owing or

any claim for compensation, damages, contribution, settlement or judgment from [illegible]

[illegible] Insurance Co.,

alleged to have caused said injuries and/or any other person, corporation or association liable for said injury or

obligated to compensate the said injured person on account of said injuries. The hospitalization was rendered

to the said injured person between the [illegible] day of [illegible] 19[illegible] and the 14th

day of June 19[illegible]

Mr. [illegible]

[illegible], Washington

In Account with Claimant:

			Dr.	Cr.
	61	[illegible]	[illegible]	
		[illegible]	[illegible]	
		[illegible]	[illegible]	
		[illegible]	[illegible]	
		[illegible]	[illegible]	
		[illegible]	[illegible]	
		[illegible]	[illegible]	
		Laboratory	[illegible]	
		Physiotherapy		
		Balance Due Claimant [illegible]	[illegible]	

that fifteen days have not elapsed since the time [illegible] said hospitalization; that the claimant's

demands for said care and/or services is in the sum of [illegible] Dollars and

and that no part thereof has been paid, except [illegible]

that there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets the sum of

[illegible] for which amount claimant

[illegible]

STATE OF [illegible]

County of [illegible]

I, [illegible] being first duly sworn on oath, say [illegible]

named in the foregoing [illegible] and believe the same to be true.

[illegible signature]

Subscribed and sworn to before me this [illegible] day of [illegible] 19[illegible]

[illegible signature]

Lien must be filed in the county where hospital is located and also in the county where injury occurred, if in another county.

Hospital Lien

(FORM No. 212)

[illegible] HOSPITAL

vs

Charles [illegible] Billington, [illegible]

and

Clifford Billington, [illegible]

STATE OF [illegible]

County of [illegible]

I hereby certify that the within instrument was received for record the [illegible] day of [illegible] at [illegible] o'clock [illegible] M., and recorded in book [illegible] page [illegible] Record of [illegible] said County.

Witness my hand and seal of County office.

[illegible signature]

By [illegible] Deputy.

REGISTERED ✓
INDEXED: DIR.
INDIRECT
RECORDED
COMPARED
MAILED